

Fill in this information to identify the case:

Debtor name **Backyard Workroom, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**

Case number (if known) **22-41366**

☒ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Comptroller</b> <b>117 E. 17th Street</b> <b>Austin, TX 78701</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,554.20</b>	<b>\$1,554.20</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Internal Revenue Services</b> <b>100 Commerce Street</b> <b>Mail Code DAL-5027</b> <b>Dallas, TX 75242</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$42,519.00</b>	<b>\$42,519.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	<b>Backyard Workroom, LLC</b> <small>Name</small>	Case number (if known)	<b>22-41366</b>
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3.1	<b>Nonpriority creditor's name and mailing address</b> <b>Betsy Beard</b> <b>905 Timberline Ct.</b> <b>Fort Worth, TX 76126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Cross Blue Shield of Texas</b> <b>PO Box 650615</b> <b>Dallas, TX 75265-0615</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,666.78</b>
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3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Bonton Farms</b> <b>6911 Bexar Street</b> <b>Dallas, TX 75215</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Built Designs, LLC</b> <b>1706 Juanita Drive</b> <b>Arlington, TX 76013</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,150.00</b>
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Capital Premium Financing, LLC</b> <b>12235 S 800 E</b> <b>Draper, UT 84020</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1413</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,754.11</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Carlos &amp; Maranda Chambers</b> <b>513 Firethorn Court</b> <b>Burleson, TX 76028</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Champion Janitorial</b> <b>664 N Glenville Dr</b> <b>Richardson, TX 75081-2832</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$895.84</b>
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Debtor Name	Case number (if known)	
<b>Backyard Workroom, LLC</b>	<b>22-41366</b>	
<b>3.8</b> Nonpriority creditor's name and mailing address <b>Chris &amp; Veronica Canterbury</b> <b>8991 Opal Canyon Court</b> <b>Sacramento, CA 95829</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71,986.00</b>
<b>3.9</b> Nonpriority creditor's name and mailing address <b>Conley Rose Intellectual Property Law</b> <b>777 N Eldridge Pkwy Ste 600</b> <b>Houston, TX 77079-4425</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,825.00</b>
<b>3.10</b> Nonpriority creditor's name and mailing address <b>Crystal Ellison</b> <b>2207 Cales Dr.</b> <b>Arlington, TX 76013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.11</b> Nonpriority creditor's name and mailing address <b>Daniel C. Smith P.E Consulting Engineers</b> <b>9650 Strickland Rd Ste 103185</b> <b>Raleigh, NC 27615-1902</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,135.00</b>
<b>3.12</b> Nonpriority creditor's name and mailing address <b>Dawson Logistics Assets LLC</b> <b>575 Maryville Centre Dr, Ste 500</b> <b>Saint Louis, MO 63141-5867</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,154.00</b>
<b>3.13</b> Nonpriority creditor's name and mailing address <b>Elite Energy Inspections</b> <b>4400 Cotton Belt Pkwy</b> <b>Mc Gregor, TX 76657-3495</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
<b>3.14</b> Nonpriority creditor's name and mailing address <b>Frontier Communications</b> <b>PO Box 740407</b> <b>Cincinnati, OH 45274-0407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$114.99</b>

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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Horton World Solutions, LLC</b> <b>2106 E State Highway 114 Suite 301</b> <b>Southlake, TX 76092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$123,306.21</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Marcelo Migoni</b> <b>3516 Northhaven Rd.</b> <b>Dallas, TX 75229</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Metal Supermarkets, Inc.</b> <b>1401 Summit Ave, Unit 7</b> <b>Plano, TX 75074</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,076.47</b>
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Mitchell Welding Supply</b> <b>PO Box 692</b> <b>Terrell, TX 75160-0013</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,577.10</b>
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Muge Darwish</b> <b>2813 Nordham Dr</b> <b>Austin, TX 78745</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Nappco Fastner Company</b> <b>7330 N Sam Houston Pkwy W Ste 200</b> <b>Houston, TX 77064-3580</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,114.19</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Phoenix Funding Group</b> <b>2950 W Square Lake Rd Ste 211</b> <b>Troy, MI 48098-5725</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$116.67</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Pilar Claiborne</b> <b>5774 Friar Court</b> <b>EI Sobrante, CA 94803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>RB Shields Me</b> <b>910 S Crowley Rd Ste 9428</b> <b>Crowley, TX 76036-3686</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$537.75</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Reliant Energy</b> <b>PO Box 650475</b> <b>Dallas, TX 75265-0475</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$605.48</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Republic Trash Services</b> <b>PO Box 78829</b> <b>Phoenix, AZ 85062-8829</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$117.48</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Russell Sorrow Sorrow Motion Pictures</b> <b>7513 Gairlock Dr</b> <b>Fort Worth, TX 76179-4821</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,154.50</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Scalepoint</b> <b>c/o Joe Reeble</b> <b>4717 S. Atlanta</b> <b>Tulsa, OK 74105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104,723.35</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Sentry Security Solutions LLC</b> <b>PO Box 727</b> <b>Burleson, TX 76097-0727</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.62</b>
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Debtor **Backyard Workroom, LLC** Case number (if known) **22-41366**

Name

3.29 Nonpriority creditor's name and mailing address **Sherwin Williams**  
**2100 Lakeside Blvd Ste 400**  
**Richardson, TX 75082-4349**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$6,610.63**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.30 Nonpriority creditor's name and mailing address **Texas Mutual Insurance**  
**PO Box 841843**  
**Dallas, TX 75284-1843**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$1,858.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.31 Nonpriority creditor's name and mailing address **TMC DesignWorks**  
**15201 S. 4100 Rd**  
**Claremore, OK 74017**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$1,220.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>44,073.20</b>
5b.	+ \$ <b>428,847.17</b>
5c.	\$ <b>472,920.37</b>